

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DEL RAY MEDIA</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>		
Mailing Address <b>1427 LESLIE AVE.</b>			Amount <b>179509.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>	Transaction ID : <b>WFT20167171146-1</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2016</b>		
Name of Federal Candidate <b>BAYH EVANS BIRCH III</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>427664.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>ACQUIRE DIGITAL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>		
Mailing Address <b>512A EAST IRIS DR</b>			Amount <b>9255.55</b>		
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	Transaction ID : <b>WFT20167171323-1</b>		
Purpose of Expenditure <b>DIGITAL MEDIA PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 11 / 2016</b>		
Name of Federal Candidate <b>BAYH EVANS BIRCH</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>427664.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>188764.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Banning Jay*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NRSC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00027466       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ACQUIRE DIGITAL</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 15 / 2016</div> </div>		
Mailing Address 512A EAST IRIS DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8137.11</div>		
City NASHVILLE	State TN	Zip Code 37204	<b>Transaction ID : WFT20167171325-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 11 / 2016</div> </div>		
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type	Name of Federal Candidate BAYH EVANS BIRCH		
Name of Federal Candidate BAYH EVANS BIRCH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 15 / 2016</div> </div>		
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">429732.01</div>		
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : WFT20167171327-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2016</div> </div>		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Name of Federal Candidate HASSAN MARGARET		
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">437869.12</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 10  
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NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>	
Mailing Address <b>512A EAST IRIS DR</b>		Amount <b>37501.33</b>	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	Transaction ID : <b>WFT20167171335-1</b>
Purpose of Expenditure <b>DIGITAL MEDIA PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 11 / 2016</b>
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>1715419.82</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>	
Mailing Address <b>512A EAST IRIS DR</b>		Amount <b>48387.96</b>	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	Transaction ID : <b>WFT20167171337-1</b>
Purpose of Expenditure <b>DIGITAL MEDIA PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 11 / 2016</b>
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>1715419.82</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>85889.29</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Banning Jay

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 10  
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NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>	
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <b>10000.00</b>	
City <b>DELAWARE</b>	State <b>OH</b>	Zip Code <b>43015</b>	Transaction ID : <b>WFT20167171338-1</b>	
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 15 / 2016</b>	
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1715419.82</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>	
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <b>10000.00</b>	
City <b>DELAWARE</b>	State <b>OH</b>	Zip Code <b>43015</b>	Transaction ID : <b>WFT20167171339-1</b>	
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 15 / 2016</b>	
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1715419.82</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Banning Jay

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>		
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <b>15000.00</b>		
City <b>DELAWARE</b>	State <b>OH</b>	Zip Code <b>43015</b>	Transaction ID : <b>WFT20167171340-1</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 15 / 2016</b>		
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1715419.82</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>		
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <b>15000.00</b>		
City <b>DELAWARE</b>	State <b>OH</b>	Zip Code <b>43015</b>	Transaction ID : <b>WFT20167171341-1</b>		
Purpose of Expenditure <b>MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 15 / 2016</b>		
Name of Federal Candidate <b>HASSAN MARGARET</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1715419.82</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>30000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Banning Jay

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NRSC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00027466       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>DEL RAY MEDIA</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 1427 LESLIE AVE.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           381000.80         </div>	
City ALEXANDRIA	State VA	Zip Code 22301	<b>Transaction ID : WFT20167171342-1</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>DEL RAY MEDIA</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 1427 LESLIE AVE.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           10000.00         </div>	
City ALEXANDRIA	State VA	Zip Code 22301	<b>Transaction ID : WFT20167171343-1</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">391000.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

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Date

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Signature

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 18375.00	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT20167171344-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2016
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type	
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1581890.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 99466.24	
City NASHVILLE	State TN	Zip Code 37204	<b>Transaction ID : WFT20167171346-1</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2016
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type	
Name of Federal Candidate MASTO CORTEZ CATHERINE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought 1581890.66		Disbursement For: 2016 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	117841.24
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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MM / DD / YYYY

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NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>
Mailing Address <b>7669 STAGERS LOOP</b>		Amount <b>501337.42</b>
City <b>DELAWARE</b>	State <b>OH</b>	Zip Code <b>43015</b>
Purpose of Expenditure <b>MEDIA PLACEMENT</b>	Category/Type	Transaction ID : <b>WFT20167171347-1</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 10 / 2016</b>
Name of Federal Candidate <b>STRICKLAND THEODORE</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>
Mailing Address <b>512A EAST IRIS DR</b>		Amount <b>44256.16</b>
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>
Purpose of Expenditure <b>DIGITAL MEDIA PLACEMENT</b>	Category/Type	Transaction ID : <b>WFT20167171348-1</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 11 / 2016</b>
Name of Federal Candidate <b>STRICKLAND THEODORE</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>545593.58</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Banning Jay**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016
Mailing Address 7669 STAGERS LOOP		Amount 444765.87
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : WFT20167171349-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2016
Name of Federal Candidate MCGINTY ALANA KATHLEEN		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016
Mailing Address 512A EAST IRIS DR		Amount 23167.81
City NASHVILLE	State TN	Zip Code 37204
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/ Type	Transaction ID : WFT20167171350-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2016
Name of Federal Candidate MCGINTY ALANA KATHLEEN		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	467933.68
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 17 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00027466       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 15 / 2016</b>	
Mailing Address <b>512A EAST IRIS DR</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42022.23</div>	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	<b>Transaction ID : WFT20167171351-1</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 11 / 2016</b>
Purpose of Expenditure <b>DIGITAL MEDIA PLACEMENT</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate <b>MCGINTY ALANA KATHLEEN</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">827552.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">42022.23</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2326914.49</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Banning Jay**[Electronically Filed]*

Date

MM / DD / YYYY  
**08 / 17 / 2016**

Signature